

PTO/SB/82 (09-04)

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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

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Application Number	10/613,322
Filing Date	July 3, 2003
First Named Inventor	SCHREFF, H. Joshua
Art Unit	3749
Examiner Name	COCKS, Josiah C
Attorney Docket Number	89287.0002

I hereby revoke all prev	I hereby revoke all previous powers of attorney given in the above-identified application.							
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Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:								
Firm or Individual Name	Michael L. Crapenhoft							
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Country	USA							
Telephone	(323) 878-0229		Fax					
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
	SIGNATURE of Applicant	or Ass	signee of Re	cord				
Signature	SUN							
Name H. Josepua Sch	nreff							
Date 9-18-	04 V	Те	lephone	125-7	85-	-9410		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of 2 fo	orms are submitted.							

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Application Number	10/613,322
Filing Date	July 3, 2003
First Named Inventor	H. Joshua SCHREFF
Title	Self-contained temperature
Art Unit	3749
Examiner Name	COCKS, Josiah C
Attorney Docket Number	89287.0002

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Applicant/Inven			0.74				•	
		the entire interest. See 37 CFR CFR 3.73(b) is enclosed. (Form F		5)				
		SIGNATURE OF		<del></del>	of Record	•		
Signature		1 2 1 1/1			1	Dete	9.00	- 1
Name H. Joshua Schreff						Date Telephone	425-385	24 2-9412
Title and Company		IAIRMAN & CYO		· · ·		elebrione	1743- 403	-7710
NOTE: Signatures of all the	invento	ors or assignees of record of the entir	re interest o	r their represer	ntative(s) are require	d. Submit m	ultiple forms if mo	re than one
signature is required, see be	low*.					_	-	
*Total of 2		forms are submitted.						

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First Named Inventor	SCHREFF, H. Joshua
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✓ A Pov	A Power of Attorney is submitted herewith.							
OR	OR  I hereby appoint the practitioners associated with the Customer Number:							
□ т	The address associated with Customer Number:							
Firm o	<i>r</i> ual Name	Michael L. Crapenhoft						
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City		Los Angeles	State	CA			Zip	90068
Country		USA						
Telephone		(323) 878-0229		Fax				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
	44	SIGNATURE of Applicant	or As	signee c	of Reco	rd		
Signature	Mark	m fri						
Name	Massimiliano	Rizzi						
Date	9/28/04 Telephone 310 273 6237							
NOTE: Signature signature is requ	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
✓ *Total	of <u>2</u>	forms are submitted.						<del>.</del>

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	_										
	Practitioner(s) named below:										
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	Michael L. Crap	enhoft				37,115					
as my Trade	/our attorney(s) o mark Office conn	or agent( nected th	s) to prosecute the ap erewith.	oplication id	entified a	above, an	nd to t	ransact all busine	ss in the L	United States Patent and	
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~	Firm or Individual Name	e	Michael L. Crapenho	oft, Attorney	at Law						
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	Country		USA					,			
I am i	Telephone		(323) 878-0229	<del></del>		Fa	ax				
	Applicant/Inve	entor									
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لبا			FR 3.73(b) is enclose			6)					
			SIGNA	TURE of A	pplicant	or Assig	gnee	of Record		-	
Signa	ture	Mel	w Phri						Date	9/23/04	
Name		Massim	liano Rizzi			_		Ī	elephone	310 273 6297	
Title a	ind Company	VP	& nfineery								
	: Signatures of all thure is required, see		rs or assignees of record	of the entire	e interest o	or their repr	resent	ative(s) are required	I. Submit m	ultiple forms if more than one	
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